

YOU MUST COMPLETE AND RETURN THIS DOCUMENT OR SUBMIT IT ONLINE IF YOU WISH TO JOIN THE LAWSUIT

CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Rita Clabone (print name), was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 3/2017 (month, year) to on or about 5/2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Rita Clabone Rita Clabone 10/12/2021
Full Name (Print clearly) Signature Date
1523 S. Gomeses Trce Gomeses 670737
Address City/State/Zip
225-227-0973 ritashen08@yahoo.com
Telephone Number Email Address

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation
P.O. Box 26170
Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.



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CONSENT TO JOIN

My name is Demetrius Rouse (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about June, 2016 (month, year) to on or about March, 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Demetrius L. Rouse Demetrius Rouse 10/15/2021
Full Name (Print clearly) Signature Date

2634 Whirlaway Ave Florence, SC 29505
Address City/State/Zip

perfectlove transport@gmail.com 843-618-2503
Telephone Number Email Address

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CONSENT TO JOIN

My name is Brenda McCarroll (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about June, 2020 (month, year) to on or about June, 2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Brenda McCarroll</u>	<u>Brenda McCarroll</u>	<u>10/12/21</u> <u>10/12/21</u>
Full Name (Print clearly)	Signature	Date

<u>11324 Clarebird Ave</u>	<u>Cleveland Ohio 44105</u>
Address	City/State/Zip

<u>216 702 3323</u>	<u>56bmccarroll@gmail.com</u>
Telephone Number	Email Address

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CONSENT TO JOIN

My name is Javonne Young (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 8/18/2019 (month, year) to on or about Current (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Javonne Young [Signature] 10/13/2021
Full Name (Print clearly) Signature Date

2912 N. State Rd 7 Morgate FL 33063
Address City/State/Zip

954-692-4539 Seniorsocialclub2912@gmail.com
Telephone Number Email Address

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27

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CONSENT TO JOIN

My name is Mark Karnowski (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 08/22/2017 (month, year) to on or about 06/29/2021 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Mark Karnowski Mark Karnowski 10/14/2021

Full Name (Print clearly)

Signature

Date

2421 Bath Ave Brooklyn NY 11214

Address

City/State/Zip

718-646-1611 ascana us@yahoo.com

Telephone Number

Email Address

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29

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CONSENT TO JOIN

My name is Darren Barno (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about June 2014 (month, year) to on or about March 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Darren Barno</u>	<u></u>	<u>10-12-2021</u>
Full Name (Print clearly)	Signature	Date
<u>470 Robins St.</u>	<u>Roselle, NJ</u>	<u>07203</u>
Address	City/State/Zip	
<u>908-397-5720</u>	<u>dbarno2001@aol.com</u>	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is Elvin Birch (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 10/18 (month, year) to on or about 12/20 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Elvin Birch [Signature] 10-12-21
Full Name (Print clearly) Signature Date
3094 Treyson Dr. Denver, NC 28037
Address City/State/Zip
516 545-9713 elvinbbirch@gmail.com
Telephone Number Email Address

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CONSENT TO JOIN

My name is LaShawn Buchanan (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 1-2016 (month, year) to on or about 8-2018 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

LaShawn Buchanan LaShawn Buchanan 10-12-21
Full Name (Print clearly) Signature Date

2805 S. Priew St W.D. La 70125
Address City/State/Zip

504-515-8777 buchananlashawn1@gmail.com
Telephone Number Email Address

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1545848
32

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CONSENT TO JOIN

My name is VICTOR NJIE (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about February 2017 (month, year) to on or about November 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

VICTOR MIBANDA NJIE

10/19/21

Full Name (Print clearly)

Signature

Date

Address

City/State/Zip

910 S Caswell Ave

Compton / CA / 90220

Telephone Number

Email Address

424-223-2514

njie.victor@yahoo.com

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1559916
35

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CONSENT TO JOIN

My name is Timothy Morris (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about MAY 2016 (month, year) to on or about _____ (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Timothy Morris</u>	<u>[Signature]</u>	<u>14 OCT 21</u>
Full Name (Print clearly)	Signature	Date
<u>PO Box 56424</u>	<u>N.O., LA 70156</u>	
Address	City/State/Zip	
<u>504 417 1116</u>	<u>TRANSPORTATION BY 410 YAHOO.COM</u>	
Telephone Number	Email Address	

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1559930
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CONSENT TO JOIN

My name is Russell Snow (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 01/2019 (month, year) to on or about 10/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Russell Snow [Signature] 10/14/2021
Full Name (Print clearly) Signature Date

1210 ENSENADA DR FLORISSANT MO 63051
Address City/State/Zip

314. 779. 9905 ALL YEAR TRANSIT @ YAHOO.COM
Telephone Number Email Address

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1559974
37

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Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Johann Jauregui (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 9 yrs (month, year) to on or about _____ (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Johann Jauregui [Signature] 10/7/21
Full Name (Print clearly) Signature Date

309 STEPNEY ST #1 Inglewood CA 90302
Address City/State/Zip

(760) 991-7203 johann.jauregui@gmail.com
Telephone Number Email Address

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1559987
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Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Lovetta Jones (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about January 2018 (month, year) to on or about August 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Lovetta Jones

Full Name (Print clearly)

Lovetta Jones

Signature

10-18-21

Date

127 Smith AVE Suite D Thomasville, GA 31792

Address

City/State/Zip

229-319-2404

Telephone Number

hawkone1@yahoo.com

Email Address

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CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is VCOC Transport/David Veal, Sr. (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 2/2014 (month, year) to on or about 5/21/18 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

VCOC Transport/David Veal, Sr. David Veal, Sr. 10/15/21
Full Name (Print clearly) Signature Date

P.O. Box 4572 Pineville, LA. 71361
Address City/State/Zip

318-229-9596 vthc@bellsouth.net
Telephone Number Email Address

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1567530
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CONSENT TO JOIN

My name is AREGAY WERABO (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 09/10/2014 (month, year) to on or about 03/18/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

AREGAY WERABO

Full Name (Print clearly)

Aregay Werabo

Signature

10/16/21

Date

12458 Cricket St.

Address

Victorville, CA, 92392

City/State/Zip

760-881-7970

Telephone Number

werabooa@gmail.com

Email Address

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15 67536
41

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CONSENT TO JOIN

My name is Valerie Wallace (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about October 2015 (month, year) to on or about January 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Valerie M. Wallace Valerie M. Wallace 10/15/2021
Full Name (Print clearly) Signature Date

13401 Old McColl Rd. Gibson NC 28343
Address City/State/Zip

(910) 318-4538 totalcaretransportation13401@yahoo.com
Telephone Number Email Address

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15 67562
42

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CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Damien Williams (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 10/18 (month, year) to on or about 03/20 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Damien D. Williams  10/13/21
Full Name (Print clearly) Signature Date

1706 Washington Ave # 418 St. Louis Mo 63103
Address City/State/Zip

601-624-8256 damienwilliams1979@yahoo.com
Telephone Number Email Address

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15 67571
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